



State of California - Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

April 17, 2004

ATTENTION WATER DISTRIBUTION OPERATORS

Apply to become a Subject Matter Expert

The Department of Health Services, Operator Certification Unit is currently seeking volunteers to serve as Subject Matter Experts (SME) in the field of drinking water distribution. As a SME you will be given the opportunity to write and review test questions, compile new exams and set passing scores for new exams. Your name and address will be entered into a database of potential SME's and contacted as examination development workshops are scheduled. SME's should be currently certified as water distribution operators, (D1 – D5), and have direct, up-to-date experience in water distribution.

For more information or to apply please send your request to:

Department of Health Services
Drinking Water Program
Operator Certification Unit
MS 7417
P.O. Box 997413
Sacramento, CA 95899-7413

STATE OF CALIFORNIA OPERATOR CERTIFICATION PROGRAM
SUBJECT MATTER EXPERT APPLICATION

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|--|--|--|---------------|-------|------------|------------|-----------------|------------|--------|-----------------|--|
| PERSONAL INFORMATION | | | | | | | | | | | |
| Last Name | | | | | First Name | | | | M.I. | | |
| Street Address | | | | City | | | | E-Mail | | | |
| State | | | Zip | | | Home Phone | () | Work Phone | () | | |
| Water Distribution Certification Information | | | | Grade | | | Expiration Date | | | Years Certified | |
| Completion of the following fields is OPTIONAL: | | | | | | | | | | | |
| Race/Ethnicity | | | Date of Birth | | | Gender | | | | | |

BACKGROUND

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|--|
| Position and Title: _____ |
| Dates employed: _____ to _____ Years/Months experience: _____ |
| Duties / Responsibilities: _____ |
| _____ |
| _____ |
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| Position and Title: _____ |
| Dates employed: _____ to _____ Years/Months experience: _____ |
| Duties / Responsibilities: _____ |
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| Position and Title: _____ |
| Dates employed: _____ to _____ Years/Months experience: _____ |
| Duties / Responsibilities: _____ |
| _____ |
| _____ |
| _____ |

Years of “hands-on” water distribution experience: _____

If you have experience other than “hands-on” that has increased your expertise in water distribution please explain: _____

Formal Awards or Recognition: _____

Specialized Training you have completed: _____

Do you hold a College Degree? Yes ☐ No ☐

Degree: _____ Major: _____ College: _____ Graduation Date: _____

Please list any area(s) of water distribution that you have a specific expertise in:

PROFESSIONAL AFFILIATIONS

Please list any professional organizations that you are a member of or any professional License that you hold :

I declare under penalty of perjury that all the information provided on this application is true and correct. I understand that if I serve as a Subject Matter Expert I will be required to comply with the terms of an examination security/confidentiality agreement.

Signature: _____

Date: _____